

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: BREVARD SCHOOLS FOUNDATION INC. D Employer identification number: 59-2895155. E Telephone number: (321) 633-1000. F Name and address of principal officer: JANICE KERSHAW EXECUTIVE DIRECTOR, 2700 JUDGE FRAN JAMIESON WAY, VIERA, FL 329406601. G Gross receipts \$ 2,869,056. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: BREVARDSCHOOLSFOUNDATION.ORG. K Form of organization: Corporation. L Year of formation: 1987. M State of legal domicile: FL.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) at the bottom. Revenue and Expenses are compared for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Sign Here: Signature of officer: JANICE KERSHAW EXECUTIVE DIRECTOR. Paid Preparer Use Only: Preparer's name: LARK JANES, Firm's name: JANES DINHO & O'KEEFE LLP, Firm's address: 4875 N WICKHAM RD STE 107, MELBOURNE, FL 329408304.

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
BREVARD SCHOOLS FOUNDATION IS THE DIRECT-SUPPORT, NON-PROFIT ORGANIZATION WHICH MATCHES COMMUNITY RESOURCES WITH THE NEEDS OF BREVARD PUBLIC SCHOOLS IN ORDER TO ENHANCE PUBLIC EDUCATION K-12 RANKED NATIONALLY FOR ITS SUPPORT OF PUBLIC EDUCATION, THE FOUNDATION HAS PROVIDED MORE THAN 37 MILLION IN BENEFIT SINCE 1987

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,580,605 including grants of \$ 966,794) (Revenue \$)
EDUCATION PROGRAMS-SCHOOL BASED THE FOUNDATION SUPPORTS ALL OF THE BREVARD PUBLIC SCHOOLS (BPS) 82 SCHOOLS BY DIRECTING DONOR DESIGNATED GIFTS TO AREAS THAT ENHANCE EDUCATION SUPPORT BENEFITS STUDENTS THROUGH PROGRAMS, SUCH AS ROBOTICS, ODYSSEY OF THE MIND, SCIENCE AND ART FAIRS, AS WELL AS THROUGH PROFESSIONAL DEVELOPMENT AND TRAINING FOR BPS TEACHERS THE FOUNDATION DIRECTLY SUPPORTS AN ANNUAL STUDY TRIP FOR EACH OF THE DISTRICTS 6TH GRADE STUDENTS TO KENNEDY SPACE CENTER DURING SPACE WEEK, AND AN ANNUAL RECOGNITION EVENT TO HONOR AND SAY THANK YOU TO THOSE IN SERVICE TO OUR CHILDREN

4b (Code) (Expenses \$ 72,609 including grants of \$ 72,609) (Revenue \$)
CLASSROOM STUDY GRANTS - 70 AWARDED MINI-GRANTS ARE AWARDED EACH SEMESTER IN A COMPETITIVE APPLICATION PROCESS TO SUPPORT INITIATIVES AND PROGRAMS IN SUPPORT OF STUDENT ACHIEVEMENT CLASSROOM AWARDS UP TO 500 OR GRADE-LEVEL/SCHOOLWIDE AWARDS UP TO 1,500 ENCOURAGE TEACHERS TO IMPLEMENT CREATIVE PROJECTS IN AREAS OF NEED WHERE SCHOOL BUDGETS FALL SHORT OR TAX DOLLARS CANNOT BE USED THE MINI-GRANT PROGRAM AFFORDS DONORS THE OPPORTUNITY TO SUPPORT THE FOCUS AREA THAT BEST MATCHES THEIR INTEREST

4c (Code) (Expenses \$ 315,425 including grants of \$ 313,667) (Revenue \$)
SCHOLARSHIPS AND STUDENT AWARDS - 92 AWARDED SCHOLARSHIPS HELP STUDENTS ACHIEVE THEIR EDUCATIONAL GOALS AND DREAMS BY MAKING COLLEGE MORE AFFORDABLE AND ACCESSIBLE SCHOLARSHIPS MAY BE EITHER MERIT OR NEED BASED DEPENDING ON THE PARTICULAR AWARDS CRITERIA THEY ARE AWARDED THROUGH THE FOUNDATIONS SCHOLARSHIPS FOR GRADUATING SENIORS PROGRAM, OR THE FOUNDATION'S TAKE STOCK IN CHILDREN (TSIC) DROP-OUT PREVENTION PROGRAM FOR INCOME ELIGIBLE STUDENTS WHO MET TSIC REQUIREMENTS THE FOUNDATION MANAGES THE PROGRAMS TO ENSURE STUDENT ELIGIBILITY WITH THE INSTITUTIONS OF HIGHER EDUCATION

(Code) (Expenses \$ 57,264 including grants of \$) (Revenue \$)
SUPPLY ZONE FOR TEACHERS DURING ITS FIRST MONTH OF OPERATION, THE SUPPLY ZONE DISTRIBUTED FREE SCHOOL SUPPLIES TO 218 BREVARD PUBLIC SCHOOL TEACHERS IN A SPECIAL SOFT- OPENING SHOPPING EVENT FOR THE 2014-15 SCHOOL YEAR, THE SUPPLY ZONE'S GOAL IS TO SERVE 1,000+ TEACHERS ALL OF THE TEACHERS FROM THE 18 SCHOOLS WITH 70% OR MORE OF THEIR STUDENTS ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM ARE ELIGIBLE TO SHOP FOR FREE SUPPLIES THIS WOULD ENABLE THE SUPPLY ZONE TO REACH MORE THAN 12,500 CHILDREN FROM LOW-INCOME HOUSEHOLDS BESIDES SERVING THE SCHOOLS WITH HIGH POVERTY LEVELS, THE SUPPLY ZONE WILL ALSO HOST SPECIAL SHOPPING EVENTS FOR THE DISTRICT'S HOMELESS STUDENT POPULATION FURTHERMORE, THE ANNUAL BACK TO SCHOOL GIVEAWAY EVENT WILL BE HOSTED BY THIS PROGRAM THIS EVENT WILL DISTRIBUTE FREE SCHOOL SUPPLIES DIRECTLY TO STUDENTS ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM

4d Other program services (Describe in Schedule O)
(Expenses \$ 57,264 including grants of \$) (Revenue \$)

4e Total program service expenses 2,025,903

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 AMY CAMPBELL 2700 JUDGE FRAN JAMIESON WAY
 VIERA, FL 329406601 (321) 633-1000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEREDITH GIBSON DIRECTOR	1 00	X					0	0	0	
(2) JIM PLATMAN DIRECTOR	1 00	X					0	0	0	
(3) THOMAS HOLLINGSWORTH TREASURER	1 00	X		X			0	0	0	
(4) MASON WILLIAMS III DIRECTOR	1 00	X					0	0	0	
(5) DAVID BROCK DIRECTOR	1 00	X					0	0	0	
(6) RYAN BRANDT DIRECTOR	1 00	X					0	0	0	
(7) JOHN CLARK DIRECTOR	1 00	X					0	0	0	
(8) DEAN STEWART DIRECTOR	1 00	X					0	0	0	
(9) FRANK HUSTON SECRETARY	1 00	X		X			0	0	0	
(10) YVONNE MCGUIRE PRESIDENT	1 00	X		X			0	0	0	
(11) JUDITH JOHN DIRECTOR	1 00	X					0	0	0	
(12) ANDY ZIEGLER DIRECTOR	1 00	X					0	0	0	
(13) GLAD KURIAN DIRECTOR	1 00	X					0	0	0	
(14) PATTY MARTIN DIRECTOR	1 00	X					0	0	0	
(15) ANTHONY MUNROE VICE PRESIDE	1 00	X		X			0	0	0	
(16) JOHN HEWETT DIRECTOR	1 00	X					0	0	0	
(17) LESLIE STRAUS-FOWLER DIRECTOR	1 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) BRIAN T BINGGELI DIRECTOR	1 00	X						0	0	0	
(19) KIMBERLY BOTELHO DIRECTOR	1 00	X						0	0	0	
(20) JIM CLAMONS DIRECTOR	1 00	X						0	0	0	
(21) BRIAN FINEGAN DIRECTOR	1 00	X						0	0	0	
(22) ERICA LEMP DIRECTOR	1 00	X						0	0	0	
(23) JANICE KERSHAW EXECUTIVE DI	40 00			X				77,432	0	8,226	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								77,432		8,226	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 25,234					
	b Membership dues 1b					
	c Fundraising events 1c 202,034					
	d Related organizations 1d					
	e Government grants (contributions) 1e 449,096					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,922,793					
	g Noncash contributions included in lines 1a-1f \$ 150,163					
	h Total. Add lines 1a-1f 2,599,157					
Program Service Revenue	2a _____ Business Code _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 38,430				38,430	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	108,876			
		(ii) Other				
		b Less cost or other basis and sales expenses	85,955			
		c Gain or (loss)	22,921			
	d Net gain or (loss)	22,921	22,921			
	8a Gross income from fundraising events (not including \$ 202,034 of contributions reported on line 1c) See Part IV, line 18	a 122,593				
		b Less direct expenses b 114,289				
c Net income or (loss) from fundraising events 8,304					8,304	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		2,668,812	22,921		46,734	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	966,794	966,794		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	386,276	386,276		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,238	66,178	8,824	13,236
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,914	154,436	92,478	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	43,847	17,561	26,286	
10	Payroll taxes	26,180	12,062	14,118	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,050		18,050	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	173,311	173,311		
12	Advertising and promotion				
13	Office expenses	65,513	55,278	10,235	
14	Information technology	1,000	1,000		
15	Royalties				
16	Occupancy				
17	Travel	85,477	80,142	5,335	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,577	67	3,510	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	AWARDS AND PRIZES	42,197	35,897	6,300	
b	TRAINING	36,978	36,338	640	
c	DUES, FEES, MEMBERSHIP	32,608	26,440	6,168	
d	EVENT EXPENSES	14,123	14,123		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,231,083	2,025,903	191,944	13,236
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	46,745	1	28,855
	2 Savings and temporary cash investments	792,522	2	888,038
	3 Pledges and grants receivable, net	78,742	3	66,949
	4 Accounts receivable, net	5,130	4	28,854
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	55,550
	9 Prepaid expenses and deferred charges	6,370	9	8,096
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,406		
	b Less accumulated depreciation	10b 24,406	10c	
	11 Investments—publicly traded securities	913,117	11	1,040,672
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,243,302	15	1,539,186
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,085,928	16	3,656,200	
Liabilities	17 Accounts payable and accrued expenses	92,392	17	142,917
	18 Grants payable		18	
	19 Deferred revenue		19	12,700
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	92,392	26	155,617
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	297,668	27	376,425
	28 Temporarily restricted net assets	2,298,577	28	2,726,867
	29 Permanently restricted net assets	397,291	29	397,291
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,993,536	33	3,500,583	
34 Total liabilities and net assets/fund balances	3,085,928	34	3,656,200	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,668,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,231,083
3	Revenue less expenses Subtract line 2 from line 1	3	437,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,993,536
5	Net unrealized gains (losses) on investments	5	69,318
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,500,583

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

BREVARD SCHOOLS FOUNDATION INC

Employer identification number

59-2895155

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,969,376	1,881,306	1,833,329	2,049,885	2,599,157	10,333,053
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	50,834	21,947	29,446	31,963	51,629	185,819
4 Total. Add lines 1 through 3	2,020,210	1,903,253	1,862,775	2,081,848	2,650,786	10,518,872
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						276,787
6 Public support. Subtract line 5 from line 4						10,242,085

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,020,210	1,903,253	1,862,775	2,081,848	2,650,786	10,518,872
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,441	21,056	14,466	18,395	38,430	116,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						10,635,660

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14** 96.300 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15** 96.750 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BREVARD SCHOOLS FOUNDATION INC

Employer identification number 59-2895155

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	701,360	612,605	611,227	586,118	2,758,101
b Contributions	12,871	65,861	32,884	29,159	15,318
c Net investment earnings, gains, and losses	58,944	36,951	-16,040	14,246	15,855
d Grants or scholarships	16,665	1,000			
e Other expenditures for facilities and programs	14,940	13,057	15,465	18,296	2,203,156
f Administrative expenses					
g End of year balance	741,570	701,360	612,606	611,227	586,118

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 37 000 %
 - b** Permanent endowment 53 000 %
 - c** Temporarily restricted endowment 10 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,706	2,706	
e Other		21,700	21,700	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) FLORIDA PREPAID TUITION CONTRACTS	1,539,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,539,186

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,944,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	69,318	
b	Donated services and use of facilities	2b	91,670	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	114,289	
e	Add lines 2a through 2d			2e 275,277
3	Subtract line 2e from line 1			3 2,668,812
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 2,668,812

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,437,042
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	91,670	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	114,289	
e	Add lines 2a through 2d			2e 205,959
3	Subtract line 2e from line 1			3 2,231,083
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 2,231,083

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	BOARD DESIGNATED FUNDS ARE INTENDED FOR USE AS FOLLOWS OPERATING RESERVE 60,000 EMERGENCY RESERVE 120,000 TEACHER GRANTS 91,831 TEMPORARILY RESTRICTED FUNDS INCLUDE UNAPPROPRIATED INCOME FROM PERMANENT ENDOWMENTS THAT ARE INTENDED FOR USE AS SCHOLARSHIPS 72,448 PERMANENTLY RESTRICTED FUNDS ARE ENDOWMENTS WITH INCOME RESTRICTED TO USE FOR SCHOLARSHIPS 397,291
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS EXPENSES 114,289
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSES 114,289

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BREVARD SCHOOLS FOUNDATION INC

Employer identification number

59-2895155

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ABC AWARDS</u> (event type)	<u>REALTORS EVENT</u> (event type)	<u>6</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	82,650	62,624	179,353	324,627
	2 Less Contributions	55,150	48,199	98,685	202,034
	3 Gross income (line 1 minus line 2)	27,500	14,425	80,668	122,593
Direct Expenses	4 Cash prizes		11,000	6,300	17,300
	5 Noncash prizes			9,506	9,506
	6 Rent/facility costs	5,746		1,161	6,907
	7 Food and beverages	12,603		16,955	29,558
	8 Entertainment			7,352	7,352
	9 Other direct expenses	15,786	7,137	20,743	43,666
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					8,304

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

.....

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

.....

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

2013

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
BREVARD SCHOOLS FOUNDATION INC

Employer identification number
59-2895155

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCHOOL BOARD OF BREVARD COUNTY FL 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	59-6000522		841,011	125,783		SUPP & EQUIP	SUPPORT BREV SCHOOLS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GRANTS TO EDUCATORS	70	72,609			
(2) INDIVIDUAL SCHOLARSHIPS	92	313,667			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ASSISTANCE TO BREVARD COUNTY SCHOOLS ASSISTANCE IS PROVIDED FROM FUNDS PROVIDED BY CONTRIBUTIONS, GRANTS OR FUNDRAISING EVENTS THE FOUNDATION'S ACCOUNTING SYSTEM MAINTAINS RECORDS OF FUNDS BASED ON RESTRICTIONS AND BASED ON TRANSACTIONS WITH SPECIFIC SCHOOLS WITHIN THE COUNTY TO ASSURE PROPER DISTRIBUTION OF THE FUNDS ONCE THE FUNDS ARE RECEIVED BY THE SCHOOLS, THEY ARE MONITORED BY THE DISTRICT'S INTERNAL AUDITING PROCESS BREVARD SCHOOLS FOUNDATION SCHOLARSHIP PROGRAM THE FOUNDATION BOARD OF DIRECTORS OVERSEES THE PROGRAM THE PROCESS FOR SELECTING STUDENT SCHOLARSHIP RECIPIENTS IS NON-DISCRIMINATORY A REVIEW PANEL, THAT INCLUDES COMMUNITY VOLUNTEERS FROM EACH OF THE DISTRICT'S HIGH SCHOOLS, CONDUCTS THE SELECTION OF SCHOLARSHIP RECIPIENTS AMONG THE CRITERIA CONSIDERED ARE 1)ACADEMIC ACHIEVEMENTS, 2)EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT, 3) FINANCIAL NEED AND 4)SPECIAL CAREER/STUDY FIELD INTEREST, TALENT OR APTITUDE BRIGHT IDEAS CLASSROOM MINI-GRANTS THE FOUNDATION BOARD HAS ESTABLISHED A REVIEW COMMITTEE COMPRISED OF NATIONAL BOARD CERTIFIED TEACHERS AND OTHER EDUCATORS, AND COMMUNITY VOLUNTEERS GRANTS ARE EVALUATED BASED UPON THEIR POTENTIAL BENEFIT TO STUDENTS, THE NUMBER OF STUDENTS INVOLVED, PROJECT CREATIVITY AND INNOVATION, EFFECTIVE USE OF RESOURCES, POTENTIAL SPONSOR INTEREST AND OTHER CRITERIA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BREVARD SCHOOLS FOUNDATION INC

Employer identification number 59-2895155

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
BREVARD SCHOOLS FOUNDATION INC

Employer identification number

59-2895155

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	BREVARD SCHOOLS FOUNDATION IS THE DIRECT-SUPPORT, NON-PROFIT ORGANIZATION WHICH MATCHES COMMUNITY RESOURCES WITH THE NEEDS OF BREVARD PUBLIC SCHOOLS IN ORDER TO ENHANCE PUBLIC EDUCATION K-12 RANKED NATIONALLY FOR ITS SUPPORT OF PUBLIC EDUCATION, THE FOUNDATION HAS PROVIDED MORE THAN 37 MILLION IN BENEFIT SINCE 1987

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS ARE MADE UP OF 23 BOARD MEMBERS, 24 TAKE STOCK IN CHILDREN LEADERSHIP COUNCIL, 174 MENTORS, 20 OFFICE VOLUNTEERS, 25 TAKE STOCK IN CHILDREN PROGRAM VOLUNTEERS, 9 VOLUNTEERS FOR TAKE STOCK IN CHILDREN EVENTS, 257 BACK TO SCHOOL DRIVE VOLUNTEERS, AND 62 SCHOOL SUPPLY ZONE VOLUNTEERS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	THE SUPPLY ZONE FOR TEACHERS WAS CREATED TO MEET THE NEEDS OF THE MOST ECONOMICALLY DISADVANTAGED STUDENTS IN BREVARD PUBLIC SCHOOLS. THIS FREE STORE WILL PROVIDE TEACHERS AT THE DISTRICT'S HIGH-POVERTY SCHOOLS THE OPPORTUNITY TO SHOP FOR ESSENTIAL SCHOOL SUPPLIES FOR THEIR STUDENTS AT NO COST TO THEMSELVES. THE INTENTION OF THIS PROGRAM IS TO ENSURE THAT ALL STUDENTS HAVE THE TOOLS THEY NEED TO LEARN, ACHIEVE, AND SUCCEED IN SCHOOL, AND TO REDUCE THE FINANCIAL BURDEN THAT IS PLACED ON TEACHERS, MANY OF WHOM ARE PAYING MORE THAN 600 A YEAR OUT OF POCKET FOR SCHOOL SUPPLIES.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	SUPPLY ZONE FOR TEACHERS DURING ITS FIRST MONTH OF OPERATION, THE SUPPLY ZONE DISTRIBUTED FREE SCHOOL SUPPLIES TO 218 BREVARD PUBLIC SCHOOL TEACHERS IN A SPECIAL SOFT- OPENING SHOPPING EVENT FOR THE 2014-15 SCHOOL YEAR, THE SUPPLY ZONE'S GOAL IS TO SERVE 1,000+ TEACHERS ALL OF THE TEACHERS FROM THE 18 SCHOOLS WITH 70% OR MORE OF THEIR STUDENTS ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM ARE ELIGIBLE TO SHOP FOR FREE SUPPLIES THIS WOULD ENABLE THE SUPPLY ZONE TO REACH MORE THAN 12,500 CHILDREN FROM LOW-INCOME HOUSEHOLDS BESIDES SERVING THE SCHOOLS WITH HIGH POVERTY LEVELS, THE SUPPLY ZONE WILL ALSO HOST SPECIAL SHOPPING EVENTS FOR THE DISTRICT'S HOMELESS STUDENT POPULATION FURTHERMORE, THE ANNUAL BACK TO SCHOOL GIVEAWAY EVENT WILL BE HOSTED BY THIS PROGRAM THIS EVENT WILL DISTRIBUTE FREE SCHOOL SUPPLIES DIRECTLY TO STUDENTS ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	MEREDITH GIBSON DAVID BROCK DIRECTOR DIRECTOR BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	PER STATE STATUTE, THE BOARD OF DIRECTORS OF THE ORGANIZATION IS APPROVED BY THE DISTRICT SCHOOL BOARD

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING THE DRAFT FORM 990 IS REVIEWED BY THE TREASURER, THE EXECUTIVE DIRECTOR AND THE ACCOUNTANT AT A FINANCE COMMITTEE MEETING WITH THE RETURN PREPARER AND APPROVED BEFORE FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ANY VIOLATIONS OF THE CONFLICT OF INTEREST POLICY ARE HANDLED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE FINANCE COMMITTEE MET TO CONDUCT A PAY COMPARABILITY STUDY USING THE 2013 CENTRAL FLORIDA NONPROFIT COMPENSATION AND BENEFITS REPORT AS A BASIS. THE COMMITTEE RECOMMENDED A COMPETITIVE SALARY FOR THE EXECUTIVE DIRECTOR TO BE INCLUDED IN THE BUDGET FOR THE FISCAL YEAR. THE RECOMMENDED SALARY WAS IN LINE WITH THE BOARD'S STRATEGIC GOALS OF COMPENSATING AT NO LESS THAN THE 75TH PERCENTILE. APPROVAL OF THE SALARIES WAS INCLUDED IN THE BOARD DISCUSSION OF THE BUDGET, WHICH WAS APPROVED BY THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS DESCRIBED ABOVE FOR COMPENSATION OF THE EXECUTIVE DIRECTOR ALSO INCLUDED CONSIDERATION OF THE COMPENSATION FOR ALL OTHER STAFF POSITIONS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION'S ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT ITS OFFICE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENTS EXPENSES 114,289 SPECIAL EVENTS EXPENSES -114,289